

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 948

FILED FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 948

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)  
In this community 5 yrs

3. (a) PRINT FULL NAME Payne Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-125654

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 16 1907  
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Taylor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lee Johnson  
13. Birthplace Tenn  
14. Maiden name Davis  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Johnson

(b) Address 1419 N 22nd St

17. (a) Buried (b) Date thereof 1-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director H. C. Green

(b) Address 2915 Franklin Ave

19. (a) JAN 25 1941 (b) J. M. Sudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 217  
(d) Street No. 3136 Evans  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26  
year 1941 hour 1:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from January 17 1941 to January 26 1941  
that I last saw him alive on January 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 3 yrs

Due to 13 lb

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 23

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury 13

23. Signature C. Allen (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed

*G. A. Fisher*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**